ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



SW-20403A Balterra Sewer Corp. c/o Jay Shapiro 3003 N. Central Ave. Suite 2600 Phoenix, Arizona 85012

APP 1 8 2007

ANNUAL REPORT

FOR YEAR ENDING

12 31 2006

FOR COMMISSION USE

ANN05 06

COMPANY INFORMATION

Company Name (Business Name) Balterra Sewer Corp.						
Mailing Address _6720 North Scottsdale	Road, Suite #250					
(Street) Scottsdale	Arizona	852	253			
(City)	(State)	(Zi				
480-422-6900	480-422-6920					
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell N	o. (Include Area Code			
Email Address						
Local Office Mailing Address6720 N	orth Scottsdale Road, Suite #250_ (Street)					
	Arizona	8525	3			
(City)	(State)	(Zip)			
480-422-6900	480-422-6920					
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell N	o. (Include Area Code			
Email Address			,			
	AGEMENT INFORMATI					
	AGEMENT INFORMATI	<u>ON</u>	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250	Joel H. Farkas(Name)Scottsdale	ON Presi (Tit	denttle)85253			
MAN Management Contact:	AGEMENT INFORMATI Joel H. Farkas(Name)	ON Presi	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250 (Street) 480-422-6900	Joel H. Farkas (Name) Scottsdale (City) 480-422-6920	ON Presi (Tit Arizona (State)	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250 (Street) 480-422-6900 Telephone No. (Include Area Code)	Joel H. Farkas(Name)Scottsdale(City)	ON Presi (Tit	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250 (Street) 480-422-6900	Joel H. Farkas (Name) Scottsdale (City) 480-422-6920	ON Presi (Tit Arizona (State)	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250 (Street) 480-422-6900 Telephone No. (Include Area Code) Email Address	Joel H. Farkas (Name) Scottsdale (City) 480-422-6920 Fax No. (Include Area Code)	ON Presi (Tit Arizona (State)	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250 (Street) 480-422-6900 Telephone No. (Include Area Code) Email Address	Joel H. Farkas(Name) Scottsdale(City) 480-422-6920 Fax No. (Include Area Code)	ON Presi (Tit Arizona (State)	dent			
MAN Management Contact: _6720 North Scottsdale Road, Suite #250 (Street) 480-422-6900 Telephone No. (Include Area Code) Email Address	Joel H. Farkas (Name) Scottsdale (City) 480-422-6920 Fax No. (Include Area Code)	ON Presi (Tit Arizona (State)	dent			
MAN Management Contact:	Joel H. Farkas(Name) Scottsdale(City) 480-422-6920 Fax No. (Include Area Code) e at this time(Name)	Presi (Tit Arizona (State) Pager/Cell No. (In	dent			
Management Contact:	Joel H. Farkas(Name) Scottsdale(City) 480-422-6920 Fax No. (Include Area Code) e at this time(Name) (City)	Presi (Tit Arizona (State) Pager/Cell No. (In	dent			

Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent:R. Neil Irw	in, Esq. of Bryan Cave LLP (Name)					
2 North Central Avenue, Suite #2200	Phoenix	Arizona	85004			
(Street)	(City)	(State)	(Zip)			
602-364-7000	602-364-7070					
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Pager/Cell No. (In	clude Area Code)			
Attorney:Jay Shapiro	of Fennemore Craig, P.C					
3003 North Central Avenue, Suite #2600	Phoenix	Arizona	85012			
(Street)	(City)	(State)	(Zip)			
602-916-5000	602-916-5999					
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Inc	lude Area Code)			
Please mark this box if the above addres OWNEL Check the following box that applies to your of	RSHIP INFORMATION	lated since the la	ast filing.			
Sole Proprietor (S)	C Corporation (C) (C	Other than Asso	ciation/Co-op)			
Partnership (P)	Subchapter S Corpor	ration (Z)				
Bankruptcy (B)	☐ Bankruptcy (B) ☐ Association/Co-op (A)					
☐ Receivership (R) ☐ Limited Liability Company						
Other (Describe)						
CC	DUNTIES SERVED					
Check the box below for the county/ies in whi	ch you are certificated to provid	le service:				
Т АРАСНЕ	☐ COCHISE	☐ coco	NINO			
☐ GILA	☐ GRAHAM	GREE	NLEE			
☐ LA PAZ	⋈ MARICOPA	□ МОНА	VE			
☐ NAVAJO	☐ PIMA	☐ PINAL				
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA				
☐ STATEWIDE						

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	
No.	DECRIPTION	Cost	Depreciation	O.C.L.D.
		(OC)	(AD)	(OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	0	0	0

This amount goes on the Balance Sheet Acct. No. 108 _____

CALCULATION OF DEPRECIATION EXPENSE

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	0		0

This amount goes on the Comparative Statement of Income and Expense Acct. 403 _

BALANCE SHEET

Acct		BALANCE AT BEGINNING OF		BALANCE AT END OF	
No.	ASSETS	TEST YEAR			YEAR
	CURRENT AND ACCRUED ASSETS				<u> </u>
131	Cash	\$	0	\$	(9,493)
132	Special Deposits				<u> </u>
135	Temporary Cash Investments				
141	Customer Accounts Receivable		,		
146	Notes/Receivables from Associated Companies				
151	Plant Material and Supplies				
162	Prepayments				
174	Miscellaneous Current and Accrued Assets				
	TOTAL CURRENT AND ACCRUED ASSETS				
		\$	0	\$	(9,493)
	FIXED ASSETS				
101	Utility Plant in Service	\$	0	\$	
103	Property Held for Future Use				
105	Construction Work in Progress				1,584,746
108	Accumulated Depreciation – Utility Plant				
121	Non-Utility Property				
122	Accumulated Depreciation – Non Utility				
	TOTAL FIXED ASSETS	\$	0	\$	1,584,746
	TOTAL ASSETS	\$	0	\$	1,575,253

NOTE: Total Assets on this page should equal Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acet	LIABILITIES	BEGIN	NCE AT INING OF Γ YEAR	В	ALANCE AT END OF YEAR
No.			*,		
	CURRENT LIABILITES				
231	Accounts Payable	\$	0	\$	0
232	Notes Payable (Current Portion)				
234	Notes/Accounts Payable to Associated Companies				
235	Customer Deposits				
236	Accrued Taxes				
237	Accrued Interest				
241	Miscellaneous Current and Accrued Liabilities				
	TOTAL CURRENT LIABILITIES	\$	0	\$	0
	LONG-TERM DEBT (Over 12 Months)				
224	Long-Term Notes and Bonds	\$	0	\$	0
	DEFERRED CREDITS			 	
252	Advances in Aid of Construction	\$	0	\$	0
253	Other Deferred Credits				
255	Accumulated Deferred Investment Tax Credits				
271	Contributions in Aid of Construction				
272	Less: Amortization of Contributions			 	
281	Accumulated Deferred Income Tax				tun sakana a ana
	TOTAL DEFERRED CREDITS	\$	0	\$	0
	TOTAL LIABILITIES	\$	0	\$	0
	CAPITAL ACCOUNTS				
201	Common Stock Issued	\$	0	\$	1,575,313
211	Other Paid in Capital				7 / / / -
215	Retained Earnings				(60)
218	Proprietary Capital (Sole Props and Partnerships)				
	TOTAL CAPITAL	\$	0	\$	1,575,253
	TOTAL LIABILITIES AND CAPITAL	\$	0	\$	1,575,253

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRI	OR YEAR	CURR	ENT YEAR
521	Flat Rate Revenues	\$	0	\$	0
522	Measured Revenues				
536	Other Wastewater Revenues				
	TOTAL REVENUES	\$	0	\$	0
	OPERATING EXPENSES				
701	Salaries and Wages	\$	0	\$	0
710	Purchased Wastewater Treatment				
711	Sludge Removal Expense				
715	Purchased Power		•		
716	Fuel for Power Production				
718	Chemicals				
720	Materials and Supplies				
731	Contractual Services – Professional		.,,,,,,		60
735	Contractual Services – Testing				
736	Contractual Services – Other				
740	Rents				
750	Transportation Expense		. 493		
755	Insurance Expense				
765	Regulatory Commission Expense				
775	Miscellaneous Expense				
403	Depreciation Expense				
408	Taxes Other Than Income				
408.11	Property Taxes				
409	Income Taxes				
-	TOTAL OPERATING EXPENSES	\$	0	\$	60
	OTHER INCOME/EXPENSE				
419	Interest and Dividend Income	\$	0	\$	0
421	Non-Utility Income				
426	Miscellaneous Non-Utility Expenses				
427	Interest Expense				
, <u></u>	TOTAL OTHER INCOME/EXPENSE	\$	0	\$	0
	NET INCOME/(LOSS)	\$	0	\$	(60)

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
	N/A	N/A	N/A	N/A
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%)	% %	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

WASTEWATER COMPANY PLANT DESCRIPTION

TREATMENT FACILITY

TYPE OF TREATMENT	
(Extended Aeration, Step Aeration, Oxidation	
Ditch, Aerobic Lagoon, Anaerobic Lagoon,	
Trickling Filter, Septic Tank, Wetland, Etc.)	
DESIGN CAPACITY OF PLANT	
(Gallons Per Day)	

LIFT STATION FACILITIES

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)

FORCE MAINS

Size	Material	Length (Feet)
4-inch		_
6-inch		

MANHOLES

Type Quantity Standard Drop

CLEANOUTS

Quantity	

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

SERVICES

Size (in inches)	Material	Length (in feet)
4		
6		
8		
10		
12		
15		
18		
21		
24		
30		
	_	

Material	Quantity
	Material

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY

SOLIDS PROCESSING AND HANDLING FACILITIES	
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	
STRUCTURES (Buildings, Fences, Etc.)	
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	

WASTEWATER FLOWS

MONTH/YEAR (Most Person 12 Months)	NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY
(Most Recent 12 Months)		SEWAGE FLOW	PEAK DA I
Jan 2006	0	0	0
Feb	0	0	0
Mar	0	0	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE

Method of Effluent Disposal	
(leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	
Wastewater Inventory Number	
(all wastewater systems are assigned an inventory number)	
Groundwater Permit Number	
ADEQ Aquifer Protection Permit Number	
ADEQ Reuse Permit Number	
EPA NPDES Permit Number	

STATISTICAL INFORMATION

Total number of customers 0	
Total number of gallons treated 0	gallons

INCOME TAXES

For this reporting period, provide the following	ng:
Federal Taxable Income Reported	0
Estimated or Actual Federal Tax Liability	0
State Taxable Income Reported	0
Estimated or Actual State Tax Liability	0
Amount of Grossed-Up Contributions/Advance	ces:
Amount of Contributions/Advances	0
Amount of Gross-Up Tax Collected	0
Total Grossed-Up Contributions/Advances	0
to the Payer. CERTIFICATION	the date the Utility expects to make or has made the refund
- · · · · · · · · · · · · · · · · · · ·	
	ity has refunded to Payers all gross-up tax refunds reported fication is to be signed by the President or Chief Executive eral partner, if a partnership; the managing member, if a or, if a sole proprietorship.
Officer, if a corporation; the managing gene	fication is to be signed by the President or Chief Executive eral partner, if a partnership; the managing member, if a
Officer, if a corporation; the managing gene limited liability company or the sole proprieto SIGNATURE	fication is to be signed by the President or Chief Executive eral partner, if a partnership; the managing member, if a
Officer, if a corporation; the managing gene limited liability company or the sole proprieto	fication is to be signed by the President or Chief Executive eral partner, if a partnership; the managing member, if a

COMPANY NAME Balterra Sewer Corp.

YEAR ENDING 12/31/2006

15

PROPERTY TAXES						
Amount of actual property taxes paid during Calendar Year 2006 was: \$0_						
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled che property tax payments) of any and all property taxes paid during the calendar year.						
If no property taxes paid, explain whySewer operations have not started						

VERIFICATION AND SWORN STATEMENT

	Tax			APR 1 3 2	1907
			-		NAME OF THE STATE
VERIFICATION	COUNTY OF Marice	nna	<u>-</u>	Theolor o	Thes.
STATE OF Arizona	COUNTY OF MATIC	opa -			_
	NAME Joel H. Fark	as, President			_
I, THE UNDERSIGNED	Balterra Sewer Corp				
OF THE					<u>'</u> - <u></u>
DO SAY THAT THIS ANNUAL UT CORPORATION COMMISSION	TLITY PROPERTY	TAX AND S	<u>ALES TAX R</u>	<u>EPORT TO T</u>	HE ARIZONA
EOD THE VEAD ENDING	MONTH	DAY	YEAR		
FOR THE YEAR ENDING	12	31	2006	İ	
HAS BEEN PREPARED			,		*
PAPERS AND RECORD THE SAME, AND DEC					
STATEMENT OF BUSI					
COVERED BY THIS REP					
SET FORTH, TO THE BE	ST OF MY KNOW	LEDGE, IN	FORMATIO	ON AND BEL	IEF.
SWORN STATEMENT					
I HEREBY ATTEST THAT	ALL PROPERTY	TAXES FOR	SAID COMP	ANY ARE CU	JRRENT AND
PAID IN FULL.					

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

TURE OF OWNER OR OFFICIAL

480-422-6900

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF April

MONTH

OFFICIAL SEAL MARSHA KENNEDY Notary Public - State of Arizona
MARTCOPA COUNTY

SIGNATURE OF NOTARY PUBLIC

VERIFICATION AND SWORN STATEMENT

APR 1 3 2007

Intrastate Revenues Only

VERIFICATION

STATE OF _	Arizona
I, THE UNDI OF THE	ERSIGNED

<u> </u>	
COUNTY OF Maricopa	
NAME Joel H. Farkas, President	
Balterra Sewer Corp	·

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE</u> UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$_____

(THE AMOUNT IN BOX ABOVE INCLUDES \$______ IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

134

DAY OF

COUNTY NAME

MONTH

TELEPHONE NUMBER

,

20 C_7

, ,

SIGNATURE OF NOTARY PUBLIC

Uaricopw

480- 422-6900

MY COMMISSION

MARICOPA COUNTY

My Comm. Expires March 15, 2008

OFFICIAL SEAL VIARSHA KENNEDY

SPINAL SNotary Public State of Arizona

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

VERIFICATION INTRASTATE REVENUES ONLY

COUNTY OF Maricopa

S	Γ	A	T	E	OF	<u>Arizona</u>	

NAME Joel H. Farkas, President

I, THE UNDERSIGNED

OF THE

Balterra Sewer Corp

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES	(THE AMOUNT IN BOX AT LEFT
	INCLUDES \$
\$	IN SALES TAXES BILLED, OR COLLECTED

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

X PLESTULE
SIGNATURE OF OWNER OR OFFICIAL

480-422-6900
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

13th

DAY OF

NOTARY PUBLIC NAME WARSHA Kenneds

COUNTY NAME

Maricopa

MONTH Annil 2007

x Marsha Kennedy

OFFICIAL SEA!

**MARSHA KENNEDY

**Notary Public State of Arizona . \$\frac{1}{2}5.2008

**WY Comm. Expires March; 15.2008

1904614.1/16357.002